

**PREA AUDIT REPORT    ☐ Interim   ☐ Final**  
**ADULT PRISONS & JAILS**

**Date of report:** August 25, 2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> May 11 and 12, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Western Correctional Facility			
<b>Facility physical address:</b> 13800 McMullen Highway, S.W., Cumberland, Maryland, 21502			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (301) 729-7400			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Richard Graham, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 8			
<b>Designed facility capacity:</b> 1753			
<b>Current population of facility:</b> 1610			
<b>Facility security levels/inmate custody levels:</b> Maximum, Medium, Minimum, Pre-release			
<b>Age range of the population:</b> 19 to 86 years			
<b>Name of PREA Compliance Manager:</b> Stacey Wedlock		<b>Title:</b> Social Worker II	
<b>Email address:</b> <a href="mailto:Stacey.wedlock@maryland.gov">Stacey.wedlock@maryland.gov</a>		<b>Telephone number:</b> 301-729-7310	
<b>Agency Information</b>			
<b>Name of agency:</b> Maryland Department of Public Safety and Correctional Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 300 East Joppa Road, Towson, Maryland 21286			
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<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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## **AUDIT FINDINGS**

### **NARRATIVE**

A Prison Rape Elimination Audit was conducted at the Western Correctional Institution, located in Cumberland, Maryland, on May 10 and 11, 2017. The audit team consisted of certified PREA auditor Yvonne Gorton, PREA Analyst, Wendy Hart, and Prison Counselor, John Morrell, all from the Michigan Department of Corrections. The Facility provided documentation and the required Pre-Audit Questionnaire prior to the audit. Six weeks prior to the onsite visit, the facility was provided with contact information to post throughout the facility for inmates to write the audit team. No letters were received prior to the visit.

The onsite facility audit and tour began on May 10, 2017. There was a facility greeting from Warden, Richard Graham, the Assistant Warden, Shane Weber, Security Chief, Brad Butler, Facility PREA Compliance Manager, Stacey Wedlock, and a number of other staff representing Custody, Case Management, Medical and Mental Health and Programs. Introductions were made and the audit team outlined their plan for the audit.

After the introductory meeting the tour of WCI began. Accompanying the audit team were Security Chief, Brad Butler, and Facility PREA Compliance Manager Stacey Wedlock. We visited all housing units, including segregation, food service, medical and mental health, library, recreation yard, property room, maintenance, visiting area, chapel, school, furniture factory, master control and intake. All of the areas visited were well staffed and staff were making rounds and monitoring key areas. Doors were locked and off limits areas were maintained. Two areas of concern were in the food service. The pots and pans room and the secondary dish rooms were without cameras and contained blind spots. Auditors originally recommended that the facility install cameras in these areas of the food service. However, auditors did note considerable staff presence in those areas and the facility was able to document that the areas are adequately supervised and that no allegations of sexual abuse have been reported in those areas since 2013 when the Facility began tracking PREA allegations. PREA information throughout the facility was clearly posted both in English and Spanish. Posters listed the steps to report sexual abuse or sexual harassment incidents, provided contact information for the prisoners to report these incidents and also cited Maryland's DPSCS's zero tolerance policy related to sexual abuse and sexual harassment. In the units the PREA hotline number was also painted above the phones. The number was checked from one unit and was determined to be working and this auditor was able to speak to someone.

Toilets were in cells only, with no direct view into the cells. Log books were reviewed and showed evidence of supervisory rounds on all three shifts. Staff and inmates both stated they were not made aware in advance when supervisors were making rounds. It was also evident female staff were announcing their presence when entering the housing units.

During the interview phase of the audit the auditors randomly selected, and spoke with, a combined total of 15 inmates and 18 staff members. Both inmates and staff were asked specific PREA questions, most of which were derived from the PRC interview templates. Everyone interviewed participated willingly and appeared to have a good understanding of the PREA standards and the rights provided by them. Some of the interviews were conducted during the facility tour while other random, and specialized inmate and staff interviews, were conducted in a selected single location. The random/specialized inmates and staff that were interviewed in this single location were selected by reviewing the facility inmate roster and staffing roster for that day. They were chosen by ensuring that each area of the facility was represented by both inmates housed, and staff working, in those areas. Conducting the interviews in this manner ensured that the auditors were able to gather sufficient information throughout WCI to help make definitive determinations of compliance with each standard.

During the tour the auditors randomly selected inmates and staff to interview as they were walking through the facility. These interviews were conducted in specific locations and both inmates and staff were asked specific questions from the PRC templates. Other interviews were conducted in an open, and sometimes group, setting. The majority of the inmates interviewed indicated they have received PREA educational material, either a pamphlet or watched a video, and were aware of the information on the PREA posters that were throughout the facility. Some inmates initially reported not knowing about PREA or indicated they had received no education. When the auditors probed further into this it was discovered they were aware of the video played upon arrival at WCI and were provided with PREA material, but simply chose to disregard both. This is not a reflection on the facility's efforts to educate and provide inmates with PREA information. All inmates felt they had enough privacy to change and shower without being viewed by the opposite gender. All inmates indicated that female staff did announce their presence when entering a housing unit. All inmates reported feeling safe from sexual abuse/harassment at WCI and knew how to report abuse or harassment if needed. One of the inmates interviewed identified as transgender. This inmate reported feeling safe and being treated with respect.

All staff interviewed were knowledgeable about PREA and the agency's zero tolerance policy. They knew how to appropriately respond to a sexual assault and demonstrated adequate familiarity with their mandatory requirement to report all allegations, notifications or suspicions of abuse and harassment. All staff indicated they have been trained on PREA, which included cross-gender/transgender pat searches. Staff were able to cite specific steps that needed to be taken in the event they were first responders to a sexual abuse incident. All staff responded that they absolutely could not strip search a prisoner to verify sexual identification.

Wendy Hart was escorted to the agency's Internal Investigative Division (IID) in order to review investigations conducted into allegations of sexual abuse and sexual harassment. Investigative detectives who are sworn peace officers staff the IID. Because they are peace officers, the IID detectives conduct both criminal and administrative investigations on behalf of the agency. An interview was conducted with a Detective Sergeant who indicated that all investigators had received appropriate training regarding investigating sexual abuse and sexual harassment, articulated Miranda, Garrity, and Preponderance of the Evidence sufficiently, and covered in detail the process of conducting investigations of allegations of sexual abuse and sexual harassment. The agency provided the audit team with all of the investigations conducted at WCI in the past 12 months regarding sexual abuse and sexual harassment. The investigations appear to be conducted thoroughly with appropriate outcomes and all prisoners were properly notified.

The Human Resources function, for NBCI, is located in Hagerstown, an hour's drive away from the facility, because the Maryland DPSCS has centralized its Human Resources Function. The main office, where the Division Director has her office, is in Baltimore. A telephone interview was conducted with Senta Henrich, HR Coordinator at the Hagerstown location. She affirmed that criminal background checks are done for persons seeking employment that would put them in contact with inmates, and for contractors who might have contact with inmates, as well as for current employees seeking promotional opportunities, again, that put them in contact with inmates. The facility uses the METERS CJIS-Criminal Justice Information Systems method for performing criminal background checks.

On May 11, 2017 the entire team returned to the facility to complete specialized staff interviews and to collect and review supportive documentation for each standard. WCI did a good job in providing supporting documentation prior to the audit making this process easy to complete as auditors had to ask for minimal information. The facility made multiple staff available to collect documents and answer questions when requested.

The audit team conducted the exit interview on the afternoon of May 11, 2017. Present during the exit were Warden Graham, Facility PCM Stacey Wedlock, Security Chief Brad Butler and the PREA auditors. The overall audit process was explained and an overview of the auditors' findings was presented. The audit team later collectively reviewed and shared notes, documentation, interview results and report templates from the WCI audit. Contact by phone and/or email with WCI staff and agency staff was made to clarify a few questions, all of which were answered. The team returned to Michigan and individually concluded their individual work which was then compiled into the final report.



## DESCRIPTION OF FACILITY CHARACTERISTICS

The Western Correctional Institution is located in Allegany County, MD. The facility houses adult male inmates, in a maximum security setting, with an average stay of 8.5 years. The age range of inmates is 19 to 86 years. The facility has a designated capacity of 1753 and a current population of 1610 prisoners and it employs 470 staff. The institution also employs offenders in the Maryland Correctional Enterprises where they build various furniture items and operate an industrial laundry for institution and non-profit entities.

The Facility has several “state-of-the-art” security features including a Gatehouse entrance equipped with View-Scan metal detectors, an Auto Clear X-ray machine, and a secure Armory. A maximum-security perimeter is constructed with a “no climb” fence angled-in toward the compound to diminish an inmate’s ability to climb up and over the fence. There is also a fence shaker alarm that alerts staff of any unauthorized presence. The microwave sensor and shaker alarms notify Master Control, the Facility’s manned Towers, and a 24-hour armed roving patrol vehicle of the exact location of alarm. In addition, the Institution is equipped with smoke detectors, a sprinkler system, and a contemporary fire safety alarm enunciator.

The interior compound contains five housing units. Housing units 1, 2, 3 and 4 are an identical X design. Each housing unit consists of four tiers, each with an upper and lower level. Housing Unit 4 is designated as a special management unit and has 144 cells, on three tiers, that are for inmates assigned to administrative and disciplinary segregation. The facility is designated, “wheelchair-friendly,” and Housing Unit 1 is designed to accommodate wheelchair inmates on the lower level of each tier. Housing Unit 5 houses inmates requiring Protective Custody, and minimum security inmates who are assigned as outside detail inmate workers, and also has an Administrative Segregation tier that houses high level STG (Security Threat Group) inmates. The minimum security outside detail workers exit the compound through the Sallyport located near the rear of Housing Unit 4. Each housing unit has a Social Worker, a Psychologist and two Case Managers, that, along with the custody officers, make up the Unit staff.

Also inside the secure perimeter are a Multipurpose Building that houses a gymnasium, a weight lifting room and the chapel, and a Support Services Building that houses educational classrooms, the library, and state-of-the art vocational classrooms where prisoners have the opportunity to take classes in welding, cabinetry and millwork, facility maintenance, graphic arts and design, and industrial printing.

The Health Services Department has a sick call area and three exam rooms, two dental offices, an optometry office, a trauma room, medical records, a pharmacy, a laboratory and X-ray Department and several inmate waiting rooms. Psychological Services and Special Observation Housing cells, as well as a video tele-conference room for holding hearings, are also housed in Health Care. Also housed in the Health Services area are an Infirmary with four wards, a physical therapy area, and multiple negative air pressure isolation cells for managing airborne communicable diseases.

Food Service contains a large kitchen and food preparation area. Inmates are served meals cafeteria-style in three dining hall rooms and are observed by correctional staff through one-way glass in an observation area above each dining hall. The Food Service Department also has a prep area for Kosher Meals.

The Visiting Room provides a large open space visiting area for inmates on non-restricted status, three rooms for segregation visits and three attorney consultation rooms. All visits are non-contact. A u-shaped desktop spans the length and width of the room. There are stools on either side of the desktop and a wood and plexi-glass barrier in between.

Facility buildings outside the secure perimeter include the Laundry and Maintenance Building, Generator Buildings, K-9 Building and Warehouse and the Administration Building, which contains the Warden’s Office, Personnel Office, Agency Contract Operation Manager Office, Mailroom, Business Office, Environmental Compliance and Safety Office and Standards/Accreditation Office.

The facility offers a range of academic programs including adult literacy and high school equivalency diplomas, and pre-release training that includes job search skills. In addition, a six-month substance abuse recovery program with aftercare is also offered. Offenders at the facility train service dogs for America’s VetDogs program in one of the first maximum security VetDog programs in the country. In addition, the institution partners with Pilgrim Theological Seminary to provide theology degrees for offenders.

The grounds inside the Institution are beautifully landscaped and flowers bloom in garden beds, along the walks, and in front of housing units, as well as on the grounds outside the Institution. A meditation garden is provided as a place for the Chaplain to inform inmates of unfortunate news from home, such as a death in the family, and to give inmate recipients of the unfortunate news a brief time and place, away from the housing unit, to adjust to the news they have just received. The meditation garden was provided through a grant that also made it possible for the facility to construct a greenhouse and begin a horticulture program.

## SUMMARY OF AUDIT FINDINGS

115.13 Supervision and Monitoring – The Food Service has two areas, the pots and pans room and the dish rooms, that contain blind spots. These areas have no cameras and present a threat to the safety and security of both prisoners and staff working in them.

Recommended Correction Plan: WCI will need to ensure that steps are taken to install cameras in the pots and pans room and in the secondary dish room, within the 180 day corrective action period, and notify me when the cameras are installed.

Corrective Action Taken: The Facility provided additional documentation that demonstrated that the dish rooms are closed and locked when not in use and when meal lines are running, that unauthorized inmates are kept out of the areas, and that the areas are searched immediately before and after shifts, as well as several times per shift, on a random basis, to ensure that the specific areas are clean and secured. Post Orders also require staff, at each post, to conduct informal counts every two hours and to know where their detailed workers are at all times and auditors had noted considerable staff presence in the areas during the audit. In addition, there have been no allegations of incidents of sexual abuse or sexual harassment having occurred in those areas since the facility began tracking PREA allegations in 2013. Therefore, the Facility meets the standard.

115.78 Disciplinary Sanctions for Inmates - Executive and Facility Directives do not address all aspects of the standard.

Corrective Action Recommendation: Revise current Department and Facility Directives to address all aspects of the standard and submit copy of revised policy to me within 180 day corrective action period.

Corrective Action Taken: OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited was revised to address all aspects of the standard. The effective date of the revised policy is June 1, 2017. Facility now meets the standard.

Number of standards exceeded: 2

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

## Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a)-1The Maryland Department of Public Safety and Correctional Services (DPSCS) Executive Directive OSPS.050.0030, Sexual Misconduct – Prohibited, states, in Section 3A, that the Department does not tolerate sexual misconduct by an employee. Executive Directive DPSCS.020.0026, Prison Rape Elimination Act – Federal Standards Compliance, states, in Section 3A, that the Department does not tolerate sexual abuse or sexual harassment of an inmate.

(a)-2The Western Correctional Institution (WCI) Facility Directive WCI.050.0030.1 outlines that the purpose of the directive is to, “implement the facility’s zero tolerance approach to sexual misconduct . . .”

The directive is well detailed and provides definitions of prohibited behaviors and requirements for training and education of staff and prisoners. It also covers staffing plans, rounds, screening for risk, reporting and responding duties, discipline and treatment for victims. All random staff interviewed were knowledgeable of the agency’s, and the facility’s, zero tolerance policies regarding sexual abuse and sexual harassment. Prisoners were also knowledgeable about the Department’s zero tolerance policy and made reference to postings they saw throughout the facility and information presented to them during Prisoner Orientation.

(b) Executive Directive DPSCS 020.0026, says, in Section 5, that the Secretary shall designate a Department PREA Coordinator who shall have sufficient time, and appropriate authority to develop, implement, and oversee Department activities taken to comply with PREA standards in Department correctional and detention facilities. The PREA Coordinator is responsible for oversight of Departmental prevention, detection, and response activities designed to support the Department’s zero tolerance policy for sexual abuse and sexual harassment of an inmate, for ensuring that the Department PREA-related activities comply with federal PREA standards, for authorizing procedures for the Department related to prevention, detection, and response to acts of sexual abuse and sexual harassment involving an inmate, and for ensuring preparation and submission of PREA-related reports. Documentation provided included a Departmental organizational chart that identified David Wolinski as a Special Assistant to the Deputy Secretary for Operations for the Maryland DPSCS. In an interview, Mr. Wolinski identified that he is the agency’s PREA Coordinator. Mr. Wolinski said that he does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Said Mr. Wolinski, “the job is full time PREA Coordinator. It’s 100% of what I do.”

(c) Executive Directive DPSCS.020.0026, section 5C, requires the managing official for each Department detention, correctional and community confinement facility, to identify a PREA Compliance Manager (PCM) for the facility, with the Facility PCM having the authority to independently act on behalf of the managing official on facility PREA compliance activities. Documentation provided shows that the Maryland DPSCD employs 18 Facility PREA Compliance Managers, one at each facility.

Agency PREA Coordinator, David Wolinski, identified that, at WCI, the Facility PCM is Social Worker, Stacey Wedlock. WCI provided a flow chart identifying Social Worker, Stacey Wedlock, who reports to the Facility Associate Warden, as the facility’s PCM. Ms. Wedlock indicated the position does award her sufficient time and authority to fulfill her duties as the PCM. In an interview, she said that she spends about 20 to 30% of her work time on PREA matters, but said it fluctuates with the number of allegations filed. She is also a Clinical Social Worker on



Units 2 and 5, and does a lot of group sessions two days a week so that leaves the other three for release planning and PREA. Based upon the facility's overall readiness for the audit, it is clear that there is sufficient time to ensure PREA standards are being met.

#### **Standard 115.12 Contracting with other entities for the confinement of inmates**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Maryland DPSCS contracts with "Threshold, Inc." for pre-release services. The agency provided a copy of the contract with Threshold, Inc., dated July of 2016, as documentation. The contract, in section 25.3 requires Threshold, Inc. to comply with all federal, State and local laws, regulations, and ordinances applicable to its activities and obligations under the Contract. Section 25.4 requires the contracted agency to fully comply with the standards set forth in the Prison Rape Elimination Act of 2003 and with all applicable regulations issued by the U.S. Department of Justice.

(b) The contract also requires the Contractor to permit the Contract Monitor, or authorized representatives, to conduct audits, physical inspections, and evaluations of the facility at any time during the contract period. The Department's Contract Monitor, or authorized representatives, may enter the facility at any time without prior notice to the Contractor.

An interview with Agency PREA Coordinator, David Wolinski, revealed that the Maryland DPSCS has assigned an agency staff member as the PREA Compliance Manager/Contract Monitor at the contracted facility to ensure continued compliance with the contract and with the PREA standards. Mr. Wolinski stated that he has continuing contact with the contractor, and with the Contract Monitors, to ensure the contracted facility's continued compliance. Threshold, Inc., underwent a PREA audit in October of 2015. The report from that audit identifies that 37 standards were met by the facility, two standards were exceeded, and zero standards were not met. That report is published on the website.

The Facility itself does not contract for confinement of prisoners with any other entity.

#### **Standard 115.13 Supervision and monitoring**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

(a) Executive Directive OPS.115.0001, effective September 4, 2015, requires that a written Facility Staffing Plan (FSP) be completed, for each correctional and detention facility, to determine adequate staffing levels and the use of video monitoring equipment. The Directive requires that the managing official, or designee, responsible for completing the FSP, when determining adequate staffing levels and the use of video monitoring equipment, take into consideration;

- (1) best practices used by correction and detention facilities,
- (2,3, and 4) findings related to inadequate correctional and detention facility administrative and operational practices resulting from a court decision, federal investigation, or from an internal or external unit with oversight responsibilities,
- (5) the physical plant to identify the presence of 'blind spots' or isolated areas,
- (6) characteristics of the inmate population at the facility,
- (7) the number and placement of supervisors,
- (8) program activity taking place on each shift,
- (9) the prevalence of substantiated and unsubstantiated complaints of sexual abuse at the facility, and
- (10) other factors related to facility safety and security."

During the tour of the facility, auditors noted that the secondary dish room, and the pots and pans room, both in the Food Service area, presented potential sexual safety or security concerns due to multiple blind spots and no cameras present. There are multiple cameras in the Food Service, one just outside the stainless steel room, but the position of the camera does not allow a view into the entire room. Auditors noted that off to either side of the room, there are blind spots that present potential threats to the safety of both inmates and staff. The secondary dish room had no camera and had a door that separated it from the rest of the Food Service area.

(b) On a daily basis, the Post Assignment Worksheets (PAWs) reflect all assigned Posts, all collapsed Posts and all closed posts. The closed posts, any posts that are not authorized for a shift on a given day, and the collapsed Posts, those posts that are authorized for a shift on a given day but are not staffed that day or on a short-term basis due to overall staffing needs and which do not endanger the security of the facility, represent deviations from the staffing plan and are required to be recorded on the PAWs. In an interview, the Security Chief indicated that the facility checks for compliance with the staffing plan by reviewing the PAWs and checking staff time and attendance.

(c) Executive Directive OPS.115.0001, in section 3B5, requires the Department to establish and maintain a uniform system to annually review staffing and posts to ensure effective security and control at the correctional and detention facility. Section 5C2 states that at least annually, or on an as needed basis, the managing official is responsible for conducting a review of the existing FSP that includes an analysis of each post to identify:

1. the number of days each week the post is staffed;
2. the rank of the correctional officers assigned to the post;
3. the operational staffing level (OSL) for the post; and
4. the designation as an emergency response post.

In addition, the policy requires an analysis of the correctional or detention facility's operations to determine if changes warrant establishing new posts and modification of the Facility Staffing Plan. The facility provided copies of their approved staffing plans for 2015 and 2016 to demonstrate the required annual reviews.

(d) Executive Directive OSPA.050.0030, Sexual Misconduct-Prohibited, specifically states, in section D1 through 4, that a supervisor, manager, or shift commander shall take responsible actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are preformed randomly on all shifts. The directive also says that rounds shall be unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted and shall be conducted at a frequency established by the managing official.

WCI Facility Directive 050.0030.1, in Section 5B4, holds the Security Chief responsible for ensuring that supervisors conduct and document unannounced rounds on all shifts. In an interview, Capt. Whiteside said, "There may be times when they do it but we listen to radio traffic and address it when it happens." All random staff interviewed indicated that they were aware of the agency policy prohibiting staff from alerting other staff that supervisory rounds are occurring unless such announcement is

related to the legitimate operation functions of the facility. During the tour of the facility, auditors reviewed logbooks to ascertain that rounds made by supervisors were documented on all shifts and in all areas of the facility.

**Corrective Action Plan:** WCI will need to ensure that steps are taken to install cameras in the stainless steel room and in the secondary dish room, and notify me when the cameras are installed. The camera installation should be completed within the 180 day corrective action period.

**Corrective Action Taken:** The Facility provided additional documentation that demonstrated that the dish rooms are closed and locked when not in use and when meal lines are running, that unauthorized inmates are kept out of the areas, and that the areas are searched immediately before and after shifts, as well as several times per shift, on a random basis, to ensure that the specific areas are clean and secured. Post Orders also require staff, at each post, to conduct informal counts every two hours and to know where their detailed workers are at all times, and auditors had noted considerable staff presence in the areas during the audit. In addition, there have been no allegations of incidents of sexual abuse or sexual harassment having occurred in those areas since the facility began tracking PREA allegations in 2013. Therefore, the Facility meets the standard.

#### **Standard 115.14 Youthful inmates**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Western Correctional Institution does not house inmates under the age of 18.

#### **Standard 115.15 Limits to cross-gender viewing and searches**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive OPS.110.0047, says, in section 5F4, that, (a) an inmate strip search shall be conducted by a single correctional officer of the same gender as that of the inmate being searched; (b) in a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) in the presence of an additional correctional

officer. It goes on to say, in Section 5H2, that only a certified medical professional may perform a body cavity search of an inmate. Section 5H3 says, that a body cavity search of an inmate shall be conducted in a private location and in a manner that minimizes embarrassment of the inmate. Section 5H4 says that only the certified medical professional and the inmate may be present during the procedure. The facility houses only male prisoners and, by policy does not conduct cross-gender strip or cross-gender visual body cavity searches.

- (b) Executive Directive OP.110.0047, says, in Section E3, that frisk searches of female inmates shall be conducted by female Corrections Officers except a managing official, or designee, may authorize a male Corrections Officer to frisk search a female inmate, if exigent circumstances exist, provided the officer does not touch the breast or genital area of the female inmate.
- (c) By agency policy, there are no cross-gender strip, or body cavity, searches being done at Western Correctional Institution. In addition, there are no female inmates at the facility so no documentation of cross gender searches exists.
- (d) WCI Facility Directive, NBCI.050.0030.1 says, in Section 5D6, that it is the responsibility of custody staff to ensure that inmates of the opposite gender are viewed in a stage of complete or partial undress, or when using the bathroom, only in exigent circumstances or incidental to routine cell checks and never for the sole purpose of determining genital status. Auditors noted, during the tour of the institution, that the showers at WCI are strategically located near the control center, and can be supervised from there, but with the use of half walls and shower curtains, inmates are able to shower without nonmedical staff of the opposite gender viewing them. Toilets are in-cell so prisoners are not viewed while performing bodily functions, except in exigent circumstances or when such viewing is incidental to routine cell checks. Prisoners interviewed verified that they hear the announcement being made when a female enters the housing unit and auditors also noticed the announcement being made.
- (e) Executive Directive OPS.110.0047 says, in Section 5F3, says that, “a strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate’s genital status. If an inmate’s genital status is unknown, it is to be determined through conversation with the inmate, a review of available medical records, or part of a broader medical examination conducted in private by a licensed medical professional.” Staff interviewed acknowledged that they do not do cross-gender searches for the sole purpose of determining an inmate’s genital status.
- (f) The Maryland DPSCS trains all custody staff, in its Correctional Academy, how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates. In addition, a refresher training is presented as a yearly in-service training. The Maryland Police and Correctional Training Commission Lesson Plan for custody staff, dated June 2015, outlines the training staff are required to complete regarding how to conduct searches of inmates and how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Training records of custody staff were presented as documentation of the training received and interviews with custody staff identified that they had completed the training both, at the training academy and as in-service training. The Facility reports that 100% of its security staff have received the training.

#### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

- (a) Executive Directive OEO.020.0032, identifies, in Section 3A, that the Department shall take reasonable steps to ensure that Limited English Proficiency individuals, under the jurisdiction of the DPSCS, receive meaningful access to programs and services, as appropriate. Section 3B identifies that the Department shall provide language assistance services, in accordance with applicable State and federal laws. Division of Pretrial Detention and Services Directive DPDS.180.005 establishes responsibility for the orientation of detainees, with reasonable accommodations for persons with language, literacy or hearing limitations, and DPDS.200.0002 establishes procedures for inmates who qualify under the Americans with Disabilities Act to receive reasonable accommodations while under custody. The Department provides a host of materials printed in both English and Spanish, including official PREA Brochures that outline inmates' right to be free from sexual abuse and sexual harassment, how to detect and prevent sexual abuse and harassment, methods for reporting, and a hotline number to call for anyone who experiences sexual abuse.

During the tour of the facility, auditors noted that posters in both English and Spanish were readily available throughout the facility. Interviews with staff revealed that orientation materials are available in both English and Spanish and that staff will read orientation materials to inmates who are sight disabled or who have difficulty reading. To ensure that inmates understood what is read to them staff will ask pertinent questions about the materials and will have inmates who answer the questions appropriately sign a statement indicating that the information was presented and that they understood the information. Signed statements were presented as documentation. A limited English speaking inmate was interviewed who indicated that he had been given orientation materials printed in Spanish and was able to communicate that posters presenting PREA information in Spanish are in the housing unit dayroom. He also said that the TV program about sexual abuse and sexual harassment is broadcast in both Spanish and English.

- (b) The Agency contracts with Telephonic Language Interpretation, Language Line Services, and Ad Astra, Inc. for interpretation services for LEP inmates and with Schreiber Translations, Inc. for vital document translations. A contract with Ad Astra was presented as documentation and a flier from the Ad Astra service was presented as well. The agencies provide services for a number of languages. The Department uses I Speak Cards to determine for what languages translation services are needed. The cards show written communication, in a variety of languages, and a non-English speaking inmate can identify for staff what specific language translation services he needs.
- (c) Executive Directive OSPS.050.0030, Section 5C6, says that inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information to other inmates except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Interviews with staff, both in formal interviews and during the tour of the facility, revealed that staff were aware of the departmental prohibition on using inmates as interpreters and said they would not use inmates as interpreters. One staff member said that she would not have an inmate interpret for another inmate but that prisoners sometimes ask another inmate to interpret for them. She couldn't think of any specific examples but said she knew that the department will provide translation services and she would use that instead of allowing an inmate to translate for another inmate.

### **Standard 115.17 Hiring and promotion decisions**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Secretary's Directive DPSCS.020.0026 states, that the Human Resources Services Division (HRSD) shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who:
  - (1) Engaged in sexual abuse in a prison, jail, lockup, or community confinement facility, juvenile facility, or other institution,
  - (2) Was convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or
  - (3) Was civilly or administratively adjudicated to have engaged in the activity described in paragraph 2 above.
- (b) The Directive goes on to say that the HRSD shall consider incidents of sexual harassment when determining whether to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate.
- (c) In Section 5F3, the Directive says that before hiring a new employee to perform duties involving contact with an inmate, the HRSD shall,
  - (1) conduct a criminal background records check and,
  - (2) consistent with Federal, Statet and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual aubse or any resignation during a pending investigation of an allegation of sexual abuse. The Facility reports the number of persons hired who may have contact with inmates, in the last 12 months, as 9, and the Human Resources Officer verified this number in a telephone interview.
- (d) The Directive also calls for the agency to conduct a criminal background records check of a contractor's employees, who may have contact with an inmate, before enlisting a contractor to perform services.
- (e) The Directive calls for the HRSD to perform criminal records background checks, every five years, on employees and a contractor's services provider who many have contact with inmates.
- (f) The Directive requires the HRSD to inquire of each applicant and current employees who may have contact with inmates directly about previous misconduct in written applications for employment or promotion, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Facility reports that eight persons were hired, who may have contact with inmates, in the last 12 months and all of them had criminal background checks performed. Again, the Human Resource Officer verified this in a telephone interview.
- (g) The Directive also states that a material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment.
- (h) The Maryland Public Information Act specifies that the Maryland DPSCS is required by law to provide information on substantiated allegations of sexual abuse or sexual harassment, involving a former employee, upon receiving a request from an intititutional employer for whom such employee has applied to work.

The Human Resources function, for WCI, is located in Hagerstown, an hour's drive away from the facility, because the Maryland DPSCS has centralized its Human Resources Function. The main office, where the Division Director has her office, is in Baltimore. A telephone interview was conducted with Senta Henrich, HR Coordinataor at the Hagerstown location. She affirmed that criminal background checks are done for persons seeking employment that would put them in contact with inmates, and for contractors who might have contact with inmates, as well as for current employees seeking promotional opportunities, again, that put them in contact with inmates. The facility uses the METERS CJIS-Criminal Justice Information Systems method for performing criminal background checks.

As documentation, the facility provided a copy of the DPSCS Interview/Hiring Process to demonstrate that all applicants who report for an interview must read and complete the PREA Interview Questions for Non-mandated Positions, Mandated Positions, and Promotional and Transfer Candidates. The instructions say that if the facility is considering an applicant who answered "yes" to one or more of the PREA questions, or if, during the course of the background investigation it is discovered that the applicant was involved in any sexually related incident(s), the hiring facility must obtain and submit all information pertaining to the incident(s) to the DPSCS Attorney General's Office for their review and recommendation. The document also says that once an offer of employment has been made, an intended new hire will be assigned to an orientation where they will be instructed to read and complete the, "PREA Time of Hire/Orientation," form, and if they answer affirmatively to any of the questions, the job offer will be rescinded.

## Standard 115.18 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) The agency presented, as documentation of its intention to consider the effect of the design, acquisition, expansion or modification of any new facility, or in planning any substantial expansion or modification of the facility, a document prepared by an architectural firm that the Maryland DPSCS recently contracted with for the design of a new Youth Detention Center located in Baltimore. The PSA-Dewberry + Penza-Bailey Architectural Firm was asked to describe how they fulfilled the requirement to consider the effect of the design, acquisition, expansion, or modification, upon the agency's ability to protect inmates from sexual abuse, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The response was:

"The facility was designed in accordance with the PREA, Prisons and Jail Standards, United States Department of Justice Final Rule, National Standards to Prevent, Detect, and Respond to Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115. Specifically, the facility incorporates best practices:

- \*sight and sound separation;
- \*design which minimizes blind spots, and maximizes direct supervision;
- \*all housing units incorporate direct supervision;
- \*access to recreation;
- \*access to education;
- \*classrooms are designed with glazing to the corridor to allow for full visibility into classroom;
- \*correctional officers continually patrol education corridors during school hours;
- \*separation of male and female housing;
- \*all cells are single occupancy;
- \*glazed doors and walls where visibility and control is critical;
- \*shower stalls have partial height partitions to permit visual supervision without violating privacy;
- \*access to proper, safe, and behavior management cells;
- \*strategically located supervision control and nursing stations;
- \*provision of normalized environment through effective and extensive daylighting and proper material and color choices.

(b) In discussing how installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology may enhance the agency's ability to protect inmates from sexual abuse, the firm responded: "The facility incorporates full building video surveillance with cameras fully covering all occupied areas to eliminate blind spots and maximize direct supervision. Master control incorporates full 24/7 monitoring of every camera through the facility. Any space, such as janitor closets, and other non-occupied support spaces, that do not have video surveillance, incorporate ½ door glazed visibility into these spaces."

In an interview, Warden, Richard Graham, said, "We have not had any changes. This is how the institution has been since I've been here." When asked how the agency uses monitoring technology to enhance the protection of inmates from incidents of sexual abuse, he responded, "We are in the process of a \$15,000,000 upgrade. We go through and identify spots for upgrades and hope that Capitol Construction will agree with us, and typically they do."

## Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive Number: IIU.110.0011 says, in Section 3A, that the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. In Section 3B, the Directive says that Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting.
- Executive Directive OSPS.005.0030 says that in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that specifically addresses interviewing sexual abuse victims, using Miranda and Garrity warnings, sexual abuse evidence collection and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. The State of Maryland has its own investigation agency that falls under the same umbrella as the DPSCS, the Internal Investigative Division, or IID. All allegations of sexual abuse or sexual harassment are investigated by the IID. Both Facility IID investigators have completed the specialized training, in addition to the facility PREA training that all employees receive. Investigators were interviewed and acknowledged the specialized training they received. In addition, the facility provided documentation of the investigators' specialized training. The Facility also submitted a copy of the PREA Specialized Training Lesson Plan used to train investigators, copies of certificates of completion for Investigators, and a copy of the National Protocol for Sexual Assault Medical Forensic Examinations to demonstrate the Department's adaptation of that protocol.
- (b) The Facility does not house inmates under the age of 18.
- (c) Executive Directive IIU.110.0011, in Section 5D2, says that an investigator assigned to investigate an incident involving a sex related offense is required to coordinate with Department facility staff to arrange for the victim to undergo a forensic medical examination, when the possibility for recovery of physical evidence exists or when otherwise medically appropriate, and that the exam is to be performed by a SAFE, a SANE or, if documented attempts to obtain the services of a SAFE or SANE are unsuccessful, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. Executive Directive OSPS.200.0004 identifies that such services will be at no cost to the victim. WCI facility uses the services of the Western Maryland Health System to make forensic examinations, performed by a SANE, available to prisoners. The Facility reports that there were 7 forensic medical exams, exams performed by SAFEs/SANEs, and 6 exams performed by a qualified medical practitioner during the past 12 months, and a phone call to the Western Maryland Health System verified that SANEs are available and that they do provide those services to WCI.
- (d) Executive Directive IIU.110.0011, in Section 5D3, requires the assigned investigator to, at the victim's request, coordinate with the managing official, or a designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensics examination and investigatory interviews. The Facility has a contract with MCASA, an organization that arranges with local agencies to provide services. The Facility has an agreement with a local agency, the Family Crisis Resource Center, through MCASA, to provide advocacy services. The MOU had not yet been signed, at the time of the audit, but a phone call to the Family Crisis Resource Center, in Cumberland, MD, verified that they have an agreement with the Facility to provide



advocacy services to victims if requested. The agency will accept confidential calls and mail from prisoners as well.

- (e) Executive Directive OSPS.050.0030 outlines, in Section 5G3b, that, if requested by the victim and the services are reasonably available, the assigned investigator will have a qualified victim advocate, a Department employee who is not involved in the incident and is educated and trained concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role, accompany, for the purpose of support, the victim through the forensic examination and investigation interviews. In an interview, Facility PCM, Stacey Wedlock, who is a Social Worker, reported that the Facility Social Work Supervisor is a qualified agency staff member who fills that role but no prisoner has ever asked for it.
- (f) The Maryland Department of Public Safety and Correctional Services has its own Investigative Division, staffed with sworn officers who conduct agency investigations in both administrative and criminal matters.
- (g) N/A
- (h) As outlined in paragraph e above, WCI Social Work staff are screened for appropriateness to serve in this role and they have received education concerning sexual assault and forensic examination issues in general. Copies of certificates of completion of the appropriate training were submitted as documentation as well as copies of staff Social Work Licenses.

#### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive IIU.110.0011, in Section 3A, says, "the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices . . ."

Directive OSPS.050.0030 says that the head of a unit, or a designee, is responsible for ensuring that an allegation of sexual misconduct is reported, investigated and resolved according to established procedures. The Directive holds employees responsible for reporting allegations by saying, "an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit", and holds supervisors, managers, shift commanders, and heads of units responsible for ensuring that all allegations are referred to IID. The facility reported that in the last 12 months, 19 allegations of sexual abuse and sexual harassment were received. Of those, 2 allegations were referred for administrative investigation and 23 were referred for criminal investigation. In an interview, the Security Chief, said, "We contact IID and they will assign the case. They will investigate all cases where criminal activity is involved. They will investigate by written reports, video surveillance and interviews with victims, witnesses, etc., and submit their report to the Warden, to IID, and to the Facility PCM."

- (b) The Agency has its own investigative agency, IID, which has sworn police officers who conduct criminal

investigations. Executive Directive IIU.110.0011 identifies that all allegations are, “promptly, thoroughly, and objectively,” investigated and this policy is published on the Department’s website. During the past 12 months, the facility received 25 allegations of sexual abuse and sexual harassment. Of those 25 allegations, two resulted in administrative investigations and 23 were referred for criminal investigations.

(c) N/A

(d) N/A

(e) N/A

### **Standard 115.31 Employee training**

Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive OSPS.050.0030 says, in Section 5C, that the head of a unit, or a designee, responsible for the custody and security of an inmate, shall ensure that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. Facility Directive WCI.050.0030I holds the Warden/designee responsible to ensure that the facility training department offers yearly PREA training to all facility staff during in-service and pre-service schedules. It goes on to say that signatures documenting that staff attended PREA training and test scores indicating understanding of the training shall be maintained by the training department for audit purposes.

Executive Directive OSPS.200.0004, in Section 5 B, says that the head of a unit, or designee, is responsible for ensuring that, among other requirements, each supervisor, manager, shift commander and contractor who has contact with an inmate under the authority of the unit head is familiar with Department policy prohibiting inmate on inmate sexual conduct. Paragraph C of the same section requires that an employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct.

Documentation presented includes:

- Maryland Police and Correctional Training Commissions Lesson Plan for Correctional Entrance Level Training Program.
- Code of Maryland Regulations (COMAR), Title 12 DPSCS, subtitle 10 Correctional Training Commission requires in section 12.10.01.16 “Mandated Employee In-Service Training and Firearms Training and Qualifications that each employee completes 18 ours of Commission approved mandated employee in-service training by December 31 of each calendar year.
- CELTP Academy Curriculum Outline indicates that each employee receives training on Sexual Harassment and Misconduct, Female Offenders, and Special Management Issues as well as other training prior to starting work with inmates.
- Maryland Department of Public Safety and Correctional Services Maryland Police and Correctional Training Commission Correctional Training Unit Lesson Plan, Lesson Title “Managing the Female Offender”.
- Maryland Police and Correctional Training Commission Lesson Plan, Lesson Title “Correctional In-Service Training Program, Prison Rape Elimination Act.”

- Maryland Department of Public Safety and Correctional Services Professional Development and Training Division Lesson Plan, Lesson Title “Sexual Harassment Awareness”.
- Maryland Department of Public Safety and Correctional Services Professional Development and Training Division Lesson Plan, Lesson Title “Special Management Issues in Corrections”, which covers managing transgender inmates and PREA.
- Maryland Department of Public Safety and Correctional Services Professional Development and Training Division Lesson Plan, Lesson Title “Prison Rape Elimination Act”.

(c) Code of Maryland Regulations (COMAR), Title 12 DPSCS, subtitle 10 Correctional Training Commission requires that each employee complete 18 hours of Commission approved employee in-service training by December 31<sup>st</sup> of each calendar year. The Facility reports that 463 of 463 employees who may have contact with inmates received the training in the last 12 months.

(d) Documentation provided included training sign-in sheets from trainings conducted at different times during the last 12 months. The training, both printouts from the computerized database and copies of those bearing employee signatures, demonstrated that all staff had been appropriately trained during the time frame.

Interviews with staff demonstrated that they were knowledgeable, and well trained, regarding PREA standards and the agency’s zero tolerance policy regarding sexual abuse and sexual harassment. Staff knew what their responsibilities were regarding immediate reporting of all allegations or suspicions of abuse or harassment. All staff interviewed said they had received PREA training that included cross-gender patdown searches. Staff knew the specific steps for first responders and all staff reported that they do not strip search prisoners solely to determine their genital status.

#### **Standard 115.32 Volunteer and contractor training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive OSPS.050.0030 mandates that each employee attend approved training related to preventing, detecting, and responding to acts of sexual misconduct. The directive defines “Employee” as, “an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification which includes contractors, interns, volunteers and employees of the Maryland Department of Education, Labor, Licensing and Regulation and Baltimore City Public Schools.” The directive holds the head of a unit responsible for ensuring that each supervisor, manager, shift commander, and contractor who has contact with an inmate under the authority of the head of the unit is familiar with Department policy prohibiting sexual misconduct.

In addition, Facility Directive WCI.050.0030I holds the Warden responsible for ensuring that every employee, contractor, and volunteer of WCI having contact with an inmate under the authority of the facility is familiar with the DPSCS policy and the WCI policy prohibiting sexual misconduct and follows procedure for handling all allegations, and for ensuring that the facility training department offers yearly PREA training to all facility staff during in-service and pre-service schedules. It also requires that upon completion of PREA training, all contractors and interns shall

sign that they received and understood PREA training. In addition, Facility Directive.050.0030 holds the Warden responsible for ensuring that all medical and education contractors and student interns attend pre-service initially, and yearly in-service training, which includes PREA Information. All other facility volunteers complete PREA education through the Volunteer Activities Coordinator and all other contractors receive a PREA education sheet through maintenance staff or at the Gatehouse.

Medical and Mental Health staff at WCI are full-time contractual staff. Training records provided by the the facility confirmed that these staff have completed the appropriate PREA related training. Medical and Mental Health staff interviewed all indicated they complete computer based PREA training annually and submit their documentation directly to their employer, Wexford Health. The Director of Nursing was interviewed and she reported that her employer, Wexford Health, provides PREA training to all their employees and the facility provides a yearly update for the contracted staff as well.

The Facility provided a copy of the brochure titled “Sexual Assault Prevention and Reporting, Staff Information Brochure” that is provided to all volunteers and contractors that outlines their requirements and knowledge they need to manage PREA issues as they arise. The department also provided a copy of the DPSCS Volunteer Program Administrative Manual which outlines the training required for all volunteers prior to beginning any assignment within the MDPSCS. Executive Directive ADM.170.0002 “Volunteer, Intern and Contractor Contact and Personal Information” establishes policy and responsibilities for a DPSCS volunteer, intern and contractor to ensure that contact and personal information on file with the department is accurate.

WCI indicated that they have 52 volunteers/contractors that are cleared to provide service at the Facility. Training records for these volunteers/contractors are maintained at the Facility and were reviewed during the audit. The Facility maintains a volunteer/contractor PREA acknowledgement log indicating the date PREA training was provided. Each volunteer/contractor signs a PREA acknowledgment form indicating they have received training on the agency’s zero tolerance policy on sexual abuse and sexual harassment.

### Standard 115.33 Inmate education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a through f) Executive Directive.200.0004 says that the head of a unit, or designee, responsible for the custody and security of inmates shall ensure that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of Orientation, by inclusion in the Facility’s inmate orientation paperwork and, if applicable, the Facility’s inmate handbook. Executive Directive.OSPS.050.0030 contains the same language. Facility Directive WBI.050.0030.I says, in Section 5A4, that the Warden is responsible for ensuring that all inmates have received comprehensive PREA education, as well as institution specific PREA training, within 30 days of transfer into the facility.

Executive Directive DPDS.180.0005 establishes procedures for the timely provision of information and instruction to newly admitted inmates and calls for reasonable accommodations for persons with language, literacy or hearing limitations. This directive mandates that orientation be completed within seven calendar days of intake. In addition, Directive DPDS.200.0002 establishes procedures ensuring that upon request persons who qualify under the ADA are afforded reasonable accommodations while in the custody of the division.

During the audit tour, the Intake area was observed and auditors noted that PREA educational material was readily available, including a video in both English and Spanish. Inmates interviewed said that they received sexual abuse education material, including watching the video, when they first arrived. Several inmates said they didn't read the information they were given but verified that they have it. Prisoner Orientation is conducted by Case Management staff and Case Managers, said in an interview, that they give out the prisoner handbook at Prisoner Orientation. They provided a copy of the Prisoner handbook to verify that the appropriate information is contained in it. In addition, auditors noted, during the Facility tour, that posters identifying the Agency's zero tolerance policy, prisoners' right to be free from sexual abuse and sexual harassment, information on how to report, and contact information for advocacy agencies and crisis hotline numbers were posted throughout the facility. Prisoners interviewed acknowledged they had seen the posters, and the contact information including the hotline phone number. The facility indicated that 546 prisoners were admitted to the Facility, in that last 12 months, who were given this information.

#### **Standard 115.34 Specialized training: Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive OSPS.005.0030 says that in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that specifically addresses interviewing sexual abuse victims, using Miranda and Garrity warnings, sexual abuse evidence collection and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. The State of Maryland has its own investigative agency under the same umbrella as the DPSCS, the Internal Investigative Division, or IID. All allegations of sexual abuse or sexual harassment are investigated by the IID. The Facility has two IID investigators, both of whom have completed the specialized training in addition to the facility PREA training that all employees receive and the yearly in-service. Both investigators were interviewed and both acknowledged the specialized training they received. In addition, the facility provided documentation of the investigators' specialized training.

#### **Standard 115.35 Specialized training: Medical and mental health care**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive DPSCS.002.0026 identifies the Agency PREA Coordinator as being responsible for ensuring that medical and mental health staff receive the appropriate PREA training. The Facility submitted a training lesson plan that demonstrated that all medical and mental health staff are trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Also submitted were training requirements of the contracted health care provider, Wexford Health, and an outline from the PREA training conducted by Wexford Health for all new employees. The Facility submitted medical and mental health certificates of training for the yearly inservice training of medical and mental health employees and documentation of the completion of the contracted health care provider's required training. In an interview, the Director of Nursing said that as a medical health provider, she is required to attend PREA training conducted by both the Maryland DPSCS and by her employer, Wexford Health. The Facility indicates that 100% of medical and mental health staff have received the training required by agency policy in the last 12 months.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive OSPS.200.0005, in Section 5A holds the PREA Coordinator responsible for ensuring that each managing official designate intake, custody or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility. In addition, Facility Directive WCI.050.0030I requires custody staff to ensure that all inmates coming into the facility are screened using the PREA Intake Screening Instrument with 72 hours of their arrival.
- (b) See above.
- (c) Section 3B, of OSPS.200.0005, says that the Department shall use a screening instrument as part of the intake and facility transfer process.
- (d) Section 5A says that the PREA Coordinator is responsible for ensuring that a screening instrument is used to assess individual inmates must consider the (1) presence of a mental, physical or developmental disability, (2) age of the inmate, (3) physical build of the inmate (4) previous incarceration(s), (5) whether the inmate's criminal history was exclusively nonviolent, (6) any prior convictions for sex offenses against an adult or child, (7) whether the inmate is or is perceived to be gay, lesbian, transgender, intersex, or gender nonconforming, (8) any history of sexual victimization, (9) the inmate's own perception of vulnerability, and (10) if the inmate is being detained solely for civil immigration purposes.
- (e) Section 5A2 requires the screening instrument to also be used to objectively assess an inmate's risk of being sexually abusive by considering (1) prior acts of sexual abuse, (2) prior convictions for violence or sexual abuse and (3) history of institutional violence or sex abuse.
- (f) Section 5B holds the PREA Coordinator responsible for ensuring that Case Management staff to reassess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or abusiveness based upon additional, relevant information received by the facility since the initial screening.
- (g) Section 5B4 requires an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness.
- (h) Section 5B5 outlines that inmates will not be disciplined for refusing to answer or not disclosing complete information in response to screening questions relating to (d1) the presence of a mental, physical or developmental disability, (d7) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, (d8) previous sexual victimization, or (d9) the inmate's own perception of vulnerability.
- (i) Section 5B6 requires that appropriate control be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

The facility submitted, as documentation, a copy of the screening instrument used to complete intake screening, demonstrating that all required areas of questioning are covered. They also submitted an instruction sheet used by staff who perform the intake risk screening to ensure that it is done correctly. Case Management staff, interviewed in the Housing Units, presented completed intake

screenings, and 30 days re-assessments, to demonstrate that both were done timely. In addition, auditors were able to review a sampling of base files located in the Record Office, in addition to files reviewed in the Housing Units. Prisoners interviewed, for the most part, stated that they remembered having been asked the questions listed above shortly after they arrived at the facility. In an interview, Facility PCM verified that line staff do not have access to OMS. She said, “the only people who have access are the ones that do the screening, who are custody officers at Intake, Traffic and Mental Health if offered and accepted, and Case Management.”

#### **Standard 115.42 Use of screening information**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive OSPS.200.0005, in Section 3C, requires the Department to appropriately apply information obtained from assessing an inmate’s risk related to sexual victimization and abusiveness to decisions concerning inmate, housing, programming, treatment, and work assignments in order to minimize circumstances that contribute to incidents of victimization or abusiveness. Section 5C1a says that screening information will be considered when making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually active.
- (b) Section 5Cb identifies that the screening information will be considered when making individualized determinations as how to ensure the safety of each inmate.
- (c) Section 5Cci and ii says that the screening information will be considered when deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by case basis, determining if the placement or assignment ensures the inmate’s health and safety and presents management or security problems.
- (d) Section 5C2 says that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review threats to safety experienced by the inmate. Each housing unit has both Case Management and Social Work staff assigned to it and prisoners are involved in group counseling on a regular basis, typically meeting weekly. At each group meeting, the housing placement, programming assignments, and any other assignments, of transgender and intersex prisoners are reviewed for appropriateness as well as for any threats to their safety. Because of the frequency of the review of the prisoners’ situation, the facility exceeds this standard.
- (e) Section 5C3 says that a transgender or intersex inmate’s own views with respect to personal safety shall be seriously considered.
- (f) Section 5C4 requires that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
- (g) Section 5C5 says that lesbian, gay, bisexual, transgender or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis on such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates.

Facility Directive WCI.05-.0030.1 says, in Section 5D1, that custody staff is responsible to ensure that all inmates coming into the

facility are screened using the PREA Intake Screening Instrument within 72 hours of their arrival and that copies of all completed screening forms are forwarded to traffic for code placement on the IDM. It also says that Traffic will forward the screenings to Psychology if a Mental Health contact is wanted and all other screenings are forwarded to Case Management for the 30 day review.

In an interview, the Facility PCM said, "As soon as they come in the door they are screened and from there it goes to the Traffic Office so they can code them on the database and, if psychology has been offered and accepted, they go there and then to Case Management for a 30 day review and any necessary changes. If there are changes, Case Management will go back and let Traffic know if there are housing changes needed to be made based on the 30 day review."

In an interview, a transgender prisoner affirmed that the State has no facilities that are dedicated facilities, and that there are no dedicated units or wings at WCI. Facility Directive WCI.050.0030.I says, in Section 5D4, that it is the responsibility of the custody staff to ensure that transgender and intersex inmates have the opportunity to shower separately from other inmates. An interview with a transgender inmate revealed that, even though the showers are an open room with three shower heads, custody staff will keep the showers open all the time, and allow prisoners to choose when they want to shower, so that the opportunity to shower alone exists. The transgender prisoner indicated that because of the scheduling, prisoners have the opportunity to shower alone or to choose which other prisoners they feel safe showering with.

#### **Standard 115.43 Protective custody**

Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DOC.100.0002 Case Management Manual, in Section E, identifies that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, "every effort shall be made by Case Management Staff, and the managing official, to find suitable alternatives to protective custody housing." Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate's documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy, reviewed every 30 days.

DOC.100.0002 Case Management Manual, in Section 6, identifies that inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Management services, the same visiting opportunities, the same access to the Library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.

The Warden, in an interview, said, "we try not to use Segregation here but Segregation is different here than in some institutions. It's Protection, not Administrative Segregation, where they have all the same rights and privileges as in General Population."

#### **Standard 115.51 Inmate reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-d) Executive Directive OSPS.050.0030 states that a complaint of alleged sexual abuse may be submitted in a variety of formats including in writing, verbally, or anonymously, to any staff, including an employee, a supervisor, manager or shift commander, the head of a unit, the Intelligence and Investigative Department, the Inmate Grievance Office or to people outside the Department, including the Office of the Attorney General or to another private or public office able to receive and immediately forward the complaint to the Department.

Executive Directive OSPS.200.0004 says, in Section 5E1, a – c , that a complaint of alleged inmate-on inmate sexual misconduct may be submitted in writing, including electronic documents, or verbally.

A Maryland Division of Correction handbook, given to inmates during Orientation, tells them that they can report instances of sexual abuse either verbally, or in writing, to any staff. In addition, posters throughout the facility have a PREA Hotline number printed on them. The number is that of an agency, the Life Crisis Center, that automatically, and immediately, routes PREA related calls to the Internal Investigative Unit. Presented as documentation was a purchase order for the services of the Life Crisis Center. Auditors called the number to verify the service availability and also noted that some of the investigations done by IID staff were initiated by referrals from the PREA Hotline.

In an interview, Facility PCM, Stacey Wedlock, said, "We have the free call Hotline number and we give them an MCASA information pamphlet when they come in the door. It has contact information for every county."

Interviews with inmates revealed that they knew how to report incidents of sexual abuse and they verified, when asked, that they could report in writing anonymously, or through a third party. One inmate said, in an interview, "If I had to, I could call my family and have them get involved." Presented as documentation was an investigation that was initiated by a referral from the free hotline number.

Executive Directive OSPS.050.0030 requires employees who receive a complaint, or otherwise has knowledge of, alleged sexual misconduct to immediately report the complaint to a supervisor, manager, shift commander or head of the unit. Interviews with random staff indicated that staff are aware of the multiple ways prisoners can report incidents of sexual abuse and what their responsibility is. One staff said, in an interview, "there is a Hotline number, plastered all over the walls, that they can call, or, they can call their families and have them call the facility. However they report, we take all allegations seriously."

Maryland does not detain solely for civil immigration purposes.

## **Standard 115.52 Exhaustion of administrative remedies**

Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

exempt from this standard. Executive Directive OPS 815.0002 says, in Section 3C, “The Department does not permit the use of an informal resolution process or ARP to resolve complaints of rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, inmate on inmate sexual conduct, or other areas afforded protections by standards established under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures.”

### **Standard 115.53 Inmate access to outside confidential support services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive OSPS.0050.0003, in Section 5G3b, identifies that if requested by the victim, and the services are reasonably available, the facility will have a qualified victim advocate, a Department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent in this role, or a non-Department community-based organization representative who meets the criteria for a Department employee, accompany, for the purpose of support, the victim through the forensic examination and investigation interviews. The Maryland DPSCS contracts with MCASA, the statewide sexual assault coalition recognized by the Federal government and the state. MCASA is an umbrella organization supporting rape crisis centers across Maryland.
- (b) Posted on bulletin boards, in dayrooms throughout the housing units, were informational sheets containing pertinent information about MCASA. The sheets identify the Family Crisis Resource Center, in Cumberland, MD, as the local advocacy agency available to inmates at WCI. The informational sheets also contain the number for the external PREA Hotline.
- (c) The facility provided a copy of an MOU between the facility and the Family Crisis Resource Center. A phone call to the Family Crisis Resource Center verified that the agency will provide advocacy services to inmates who call on them. In an interview, the Facility PCM said, “If we’re taking someone to the hospital, staff will offer the inmate the opportunity to have someone from the Family Crisis Resource Center and staff will make the phone call to request the advocacy.”

### **Standard 115.54 Third-party reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive OSPS.050.0030 says, in Section 5E, that a complaint of alleged sexual misconduct may be submitted by the victim, an individual with knowledge of an alleged sexual misconduct incident, or a “third party” on behalf of the victim or other individual who has knowledge of the alleged misconduct. In addition, the Maryland DPSCS publishes, on its Department website, information about the PREA and how to make a report, and includes contact information for the Department PREA Coordinator. Interviews with inmates verified that they were aware they could have a third party make a report for them. One inmate said he would call his family to make a report if necessary. In interviewing prisoners, auditors noted that they were more likely to say they would have a third party, most often a family

member, report for them if necessary, than they were to say that they themselves would report to a staff member.

#### **Standard 115.61 Staff and agency reporting duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-c) Executive Directive OSPS.200.0004, Section 5 a and b i through iii, defines an employee as being an individual assigned to, or employed by the Department, in a full-time, part-time, temporary, or contractual position, and includes a contractor, and intern and a volunteer. The Directive goes on to say that any employee receiving a complaint of or who otherwise has knowledge of alleged inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit. Executive Directive OSPS.050.0030 identifies that supervisors, managers or shift commanders are responsible for ensuring that a complaint is immediately filed, if they are aware of an act of alleged sexual misconduct and that a complaint of alleged sexual misconduct is to be immediately reported whether or not it is part of the agency. Executive Directive OSPS.200.0004, Section E8, says that information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged inmate on inmate sexual conduct and intermediate continued care of the victim. Executive Directive IIU.020.0002, Complaint Receipt Documenting and Processing, identifies, in Section C2, that an investigator or field investigator shall comply with applicable Constitutional and statutory law and judicial rules when conducting an assigned investigation.

(d) WCI does not house inmates under the age of 18.

(e) Executive Directive OSPS.050.0030 says, in Section 5E1c and 5E3, that a complaint of alleged sexual misconduct may be submitted by a "third party" on behalf of the victim or other individual who has knowledge of the alleged misconduct and that a complainant may remain anonymous, and all employees are still required to report any and all allegations to the facility's designated investigators.

In all interviews conducted with staff, including interviews with random staff and with medical and mental health staff, all verified that they were aware of their responsibility to report any and all reports of sexual misconduct, including those reports made by third parties and those that were made anonymously. All staff reported that they would treat all reports of sexual misconduct with the same seriousness and would immediately report any information they received.

#### **Standard 115.62 Agency protection duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive OSPS.050.0030, in Section 5D1, holds staff responsible for taking, “reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct.” In Section 5D4, those actions are described as, “immediately stopping an incident in progress and appropriate action to provide immediate and continued personal protection.” Division of Correction Manual: DOC.100.0002, Case Management, says in Section 18, Special Confinement Housing, Section A, “the DOC utilizes special confinement housing when an inmate requires close supervision, segregation from the general population, or both. It may be used to ensure the safety and security of the facility, staff, individual inmate, the general inmate population or some combination of these. Executive Directive OSPS.200.0005, in Section 5C1a, requires staff to use screening information to separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

All staff interviewed said they would take immediate steps to protect the inmate and the facility did report one instance, in the last 12 months, where a prisoner was moved to protect him from what staff reasonably believed to be a threat of imminent sexual abuse. In an interview, Facility PCM, Stacey Wedlock, said, “We have areas to protect inmates. We have observation rooms we can use or we can use Segregation but it’s not like Administrative Segregation, it’s protection.” The Warden, in an interview, said the same thing. He said, “we can use Segregation to protect an inmate, if we need to, because it’s not Administrative Seg, it’s protection.”

### **Standard 115.63 Reporting to other confinement facilities**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-d) Executive Directive OSPS.0510.0030. says, in Section 5E6, says that if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander or head of a unit at a facility other than the facility where the alleged misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall, if the incident occurred at another Department facility, notify the managing official of the institution where the incident occurred. If the incident occurred at a facility not under the jurisdiction of the Maryland DPSCS, the facility head, or agency head, responsible for the facility where the incident occurred, and the IID, regardless of where the incident occurred will be notified. The Directive goes on to say that the notifications will be documented by the person making the notification. In Section 5E7, the Directive requires the IID representative to follow up with the agency head to ensure that all such reports are investigated in accordance with PREA standards. Warden Graham said, in an interview, “the point of contact would be me and if I’m not available, the chief will be the point of contact. When we receive the notification, an investigation is immediately started.” The facility reported one such notification received in the last 12 months and documentation reviewed indicated that the allegation was investigation according to PREA standards. The Facility presented a form used to document the notification to another facility, a Notice of Incident Form, for reporting to other confinement facilities. The form records the official, and the facility, making the notification, the official and the facility, receiving the notification, that date, the victim’s name, the offense date, a description of the incident and an area to note how the notification was made, by e-mail, telephone, FAX or mail.

### **Standard 115.64 Staff first responder duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-d) Executive Directive OPS.050.0001, in Section 5D2, says that the first correctional officer responding to an incident of sexual misconduct shall respond by immediately stopping an incident in progress, if necessary arranging for separation of the victim from the abuser, immediately providing medical attention, if qualified, or arranging for appropriate medical attention, preserving the scene of the incident, and ensuring the victim is advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The same language is contained in Executive Directive OPS 200.005.

Executive Directive OPS.0050.0001 says, in Section 5D3, that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shall immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes, urinating, defecating, drinking or eating.

All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. All of them reported that they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advise involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. They all said they would also immediately call supervision. The facility reported that, in the last 12 months, 13 allegations of sexual abuse were received. In 10 of those instances, the first security staff member to respond separated the alleged victim and abuser. In seven of those instances, the first security staff member to respond preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing ,brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, and ensured that the alleged abusers did not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Of the 13 allegations of sexual abuse, in the last 12 months, six times, a non-security staff member was the first responder. In each instance, the staff member requested that the alleged victim not take any actions that could destroy physical evidence and notified security staff.

#### **Standard 115.65 Coordinated response**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive OPS.200.004, in Section 5F3a, identifies a plan of action for employee, manager, supervisor and shift commander first responders. The actions include stop the incident, safeguard the victim, arrange for any needed medical services, detain the alleged perpetrator, preserve evidence and the scene of the alleged incident, refer the victim for needed medical and mental health treatment. Documentation provided by the facility included WCI.050.0030I, Appendix , PREA Response and Containment Checklist, that lays out the steps of the plan of action for first responders in a checklist format to ensure that none of the step are omitted. They also provided a Sexual Assault Medical Notification Tree that lays out, step by step, which medical staff takes what action when a report of sexual abuse is received. All staff interviewed were very well informed on the steps of the action plan and were able to articulate what the responsibilities of first responders are.

#### **Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a and b) The agency provided the AFSCME Teamsters MOU which states, in Article 3 entitled Management Rights, that, "The Employer retains the sole and exclusive authority for the management of its operations and may exercise all rights, powers, duties, authority and responsibilities conferred upon and invested to it by all laws including, but not limited to, the Collective Bargaining Law (Title 3, State Personnel and Pensions Article." It goes on to say that, It is agreed by the parties that any section of this MOU that conflicts with current law, in particular the Collective Bargaining Law (State 3, State Personnel and Pensions Article, can be changed by management after negotiations with the Union, to the extent required by Article 32 (Mid Contract Negotiations). Mostly importantly, the MOU says, "It is understood and agreed by the parties that the Employer possesses all other power, duty and right to operate its departments, agencies and programs and carry out constitutional, statutory, and administrative policy mandates and goals. Warden Graham said, in an interview, "The union contract will always have to adhere to state law."

#### **Standard 115.67 Agency protection against retaliation**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a – d) Executive Directive OSPS.050.0030, in Section 5B3, a, b, and c, says that the head of a unit, or a designee, is responsible for ensuring that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days, from the date the incident was reported, to detect actual, or feared, retaliation that may include medical or mental health services or counseling, changes to inmate housing assignments and staff work assignments, and continued monitoring as deemed appropriate. Exective Directive OSPS.050.0030 Section 4B9b, i through iv, identifies changes that may suggest possible retaliation by inmates or staff, and must be monitored, as discipline, changes in work or program assignments, transfers or placements, or denial of privileges or services. The facility presented, as documentation, a Retaliation Monitoring form, that identifies, by name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting at two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. They also presented a spreadsheet used to track retaliation monitoring that indicated that the monitoring had been carried out. The agency reported that three instances of retaliation had occurred in the last 12 months. The facility monitors not just individuals who report, who participate in investigation of or who are a victim of sexual abuse, but also those who report, who participate in an investigation of or who are a victim of sexual harassment as well. In this way, the facility exceeds the standard.

## Standard 115.68 Post-allegation protective custody

Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DOC.100.0002 Case Management Manual, in Section E, identifies that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, "every effort shall be made by Case Management Staff, and the managing official, to find suitable alternatives to protective custody housing." Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate's documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy reviewed every 30 days.

DOC.100.0002 Case Management Manual, in Section 6, identifies that inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Management services, the same visiting opportunities, the same access to the Library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.

Facility Directive WCI.050.0030I outlines, in Section 5I6 that every effort will be made to not inmates at risk of victimization on PC involuntarily. It should be noted, though, that at WCI, the use of segregation to separate an inmate from the rest of the population is not the same as Administrative Segregation. It is simply for protection and prisoners segregated for protection have all the rights and privileges of General Population prisoners.

## Standard 115.71 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive OSPS.050.0030 defines a complaint as a, "written or verbal statement alleging sexual misconduct regardless of the source of the allegation." Facility Directive WCI.050.0030I says that any WCI employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies and that a security supervisor will be notified immediately.
- (b) In an interview, investigative staff said that investigators begin the field work as soon as they receive the complaint. They also said that they investigate all complaints, including third party calls and calls from the PREA hotline. All complaints are investigated the same way.

- (c) Executive Directive.050.0030, in Section G2, says that, “in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting.” Two investigate staff who were interviewed said they received specialized training in techniques for interviewing sexual abuse victims, use of Miranda, and Garrity warnings, sexual evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.
- (c) (d) Executive Directive IIU.110.0011 says, in Section 5D that an investigator assigned to investigate an incident involving a sex related offense shall, if possible, secure the scene and items that may be used as evidence, collect and preserve evidence, thoroughly describe physical, testimonial and documentary evidence, and conduct post-incident actions to complete a comprehensive investigation of the incident. The investigator is also charged with working with a prosecutor to develop the case for criminal prosecution if appropriate. Investigative staff, indescribing the investigative process, said when they receive the complaint, they secure the crime scene, attempt to collect evidence, confiscate and properly store any evidence possible, obtain inmate statements, take photographs, interview alleged victim, witnesses, suspect, administer Miranda and Garrity warnings, complete the serious incident report and obtain video footage if available.
- (e) Executive Directive IIU.110.0011 says, in Section E, that the credibility of a victim, witness or suspect shall be determined on an individual basis, regardless of the individual’s status as inmate or employee. The Directive goes on to say, in Section E2, that a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of such an allegation. Investigative staff, in an interview, that they judge the credibility of a victim, suspect or witness on the basis of the evidence.
- (f) (g) Executive Directive IIU.110.0011 requires investigators to determine if employee action or lack of action contributed to the occurrence and to document all aspects of the investigation in a comprehensive investigative report that thoroughly describes physical, testimonial and documentary evidence, explains the reasoning behind credibility assessments, and includes investigative facts and findings.
- (h) Executive Directive requires the IID Investigator to, if appropriate, work with a prosecutor to develop the case for criminal prosecution.
- (i) (j) Executive Directive OPS.050.0001 requires the Investigator to file and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee, or, according to Executive Directive OPS 200.0005, if the alleged perpetrator is an inmate, until five years after the alleged perpetrator is no longer an inmate. These two Directives also outline that the departure of the alleged abuser or victim, from the employment of jurisdiction of the facility or agency, shall not provide a basis for terminating an investigation. The facility has had no substantiated allegations of conduct that were referred for prosecution in the past 12 months.
- (k) This state agency has addressed the requirements as outlined in this report.
- (l) The Maryland DPSCS has its own sworn police department with investigate staff located at the facility. No outside agencies investigate allegations of sexual abuse for the Maryland DPSCS.
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## **Standard 115.72 Evidentiary standard for administrative investigations**

Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive Number IIU.110.0011, in Section 5H2, instructs that conclusions drawn from investigations will be based on a preponderance of the evidence. In addition, Title 12 Department of Public Safety and Correctional Services, Subtitle 02 Division of Correction, in Chapter 27, also says that the outcome of a case will be based on a preponderance of evidence. In an interview, two investigative staff said, when asked what standard of evidence they require to substantiate allegations of sexual abuse or sexual harassment, that they require a preponderance of evidence in administrative investigations.

### **Standard 115.73 Reporting to inmates**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) Executive Directive OSPS.050.0030, in Section 5H requires that when an investigator notifies the head of the unit responsible for the victim inmate, that person shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded. This same information is contained in OSPS.200.0004 Inmate Sexual Conduct. In addition, Executive Directive IIU.110.0011 also requires an investigator to advise a victim inmate, upon concluding an investigation, if the investigation was determined to be substantiated, unsubstantiated or unfounded. Interviews with staff revealed that investigators at WCI notify both the inmate complainant and the Facility PCM. The investigator provides verbal notification and documents that the notification was made. That documentation is on the investigative file cover sheet and examples were reviewed at the time of the audit.

(b) The agency, having its own sworn police agency, conducts all its own investigations.

c) Executive Directive Number OSPS.050.0030, in Section 5H2, requires that when an employee is alleged to have victimized an inmate, except when an allegation of sexual abuse is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the inmate is under the jurisdiction of the Department, notify the inmate when the employee is no longer assigned to the inmate's housing unit, when the employee is no longer assigned at the inmate's facility, if the facility learns that the employee has been criminally charged for an offense related to the sexual abuse that occurred within the facility and, if the facility learns that the employee has been convicted on a charge related to the sexual abuse that occurred within the facility. No substantiated or unsubstantiated allegations of staff sexual misconduct were filed, at WCI, within the past 12 months.

(d) Executive Directive OSPS.200.0004 says, in Section 5H2 a and b, that except when an allegation of inmate on inmate sexual conduct is determined to be unfounded, for as long as the inmate victim is under the jurisdiction of the Department, the Department will notify the victim inmate, if the facility is aware, if the accused inmate is in any way

charged with a crime related to the sexual abuse that occurred within the facility, and if the accused inmate is convicted on a charge related to the sexual abuse that occurred within the facility. The facility indicated that eight criminal and/or administrative investigations of alleged inmate sexual abuse were completed within the last 12 months and that eight inmates were notified, verbally or in writing, of the results of the investigations.

(e) Executive Directives OSPS.050.0030, OSPS.200.0004 and IIU.110.0011 all require that all of the types of notifications outlined in the paragraphs above be documented. Review of investigative documents revealed that proper notification, based on the outcome of the investigations done during the audit period, was made. The facility reported that, in the last 12 months, 14 notifications to inmates were provided pursuant to this standard and of those notifications made in the last 12 months, 14 were documented.

(f) Executive Directive IIU.110.0011 says, in Section 5H5f that the victim reporting requirement outlined in this directive shall terminate at the time the victim inmate is released from the custody of the Maryland DPSCS.

#### **Standard 115.76 Disciplinary sanctions for staff**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive OSPS.050.0030 identifies, in Section 5I, that an employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee, except under exigent circumstances, did not perform responsibilities established under the directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. It goes on to say that an employee determined to have committed sexual misconduct in violation of Department Standards of Conduct and is subject to a penalty up to and including termination, criminal prosecution and, if applicable, notification of a relevant licensing authority.
- (b) Presented as documentation was the "Standards of Conduct and Internal Administrative Disciplinary Process, that outlined that staff who are found to have had unprofessional personal relationships or contacts with inmates, offenders or clients will be terminated from State service. There were no instances of staff terminations for sexual misconduct in the last 12 months.
- (c) The Standards of Conduct and Internal Administrative Disciplinary Process also groups staff rule infractions and identifies instances of sexual misconduct as being in the third category, which is the most serious. In an interview, a higher-level staff person said, "we do discipline staff sometimes and when we do, we use progressive discipline." The facility reported no instances of staff sexual misconduct in the last 12 months.
- (d) Executive Directive OSPS .050.0030 identifies that an employee determined to have engaged in sexual misconduct is subject to penalty, under the Standards of Conduct, up to and including termination of employment with the Department, criminal prosecution unless the conduct clearly was not criminal, and reporting by the agency to any relevant licensing bodies.

### Standard 115.77 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a)(b)Executive Directive OSPS.050.0030 says, in Section 5GC, that a contractor determined to have committed a sexual misconduct is considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency, is subject to sanctions according to the provisions of the agreement, is subject to criminal prosecution, and if applicable, notification of a relevant licensing authority. In addition, Executive Directive OSPS.050.0030 says, in Section 6a, that the term, employee, as defined by policy, includes both full and part-time employees of the Department who are temporary and/or contractual, contractors, and interns. Thus, these identified groups are subject to the same types of discipline employees are for such an infraction.

Facility Policy WCI.050.0030.1 says, in Section 5A, that the Warden is responsible to ensure that every employee, contractor, and volunteer of WCI having contact with an inmate under the authority of the facility is familiar with the DPSCS policy and the WCI policy prohibiting sexual misconduct and follows procedure for handling all allegation.

In addition, the Code of Maryland (COMAR) 21.07.01.22, in Section 22 says that contractors are required to comply with all Federal, State and local laws, regulations and ordinances applicable to its activities and obligations under the Contract, and COMAR 21.07.01.11 says that if a Contractor fails to fulfill the contract, the State may terminate the contract.

Documentation provided included a PREA Information sheet for WCI Contractors that identifies that WCI has a zero tolerance policy for any type of sexual misconduct by staff, volunteers and contractors. The information sheet gives specific definitions of acts that constitute sexual abuse and sexual harassment. In addition, a Volunteer Orientation Guide also outlines the Agency's zero tolerance policy, defines sexual misconduct and informs volunteers that sanctions for committing sexual abuse or sexual harassment are prohibition from contact with offenders until an investigation can be conducted and that if the accusation is substantiated, the individual's volunteer status will be terminated and the individual will be subject to criminal prosecution if the behavior is deemed to be criminal in nature. The facility reported that there have been no instances of volunteers or contractors terminated or reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the last 12 months.

### Standard 115.78 Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive OSPS.200.0004 says, in Section 51, "An inmate may not commit, participate in, support, or otherwise condone sexual conduct." Executive Directive OSPS.200.0004 says, in Section 5D2, that a supervisor, manager or shift commander shall, if aware of an act of alleged inmate on inmate sexual conduct, ensure that a complaint is immediately filed according to established procedures for reporting an inmate rule violation through the Inmate Disciplinary Process. Section 5F3d says that the person receiving the complaint is required to administratively document and process the complaint of alleged inmate on inmate sexual conduct inmate rule violations through the Inmate Disciplinary Process. In Section 5I2a, the directive states that an inmate determined to have committed sexual conduct is subject to a penalty established under the Inmate Disciplinary Process. It goes on to say, in Section 5I4, that a complaint of alleged sexual misconduct made in good faith, based upon a reasonable belief that the alleged sexual misconduct occurred, may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of sexual misconduct."

Executive Directives do not address sanctions, whether the disciplinary process considers an inmate's mental disabilities or mental illness when determining sanctions, or how the agency disciplines an inmate for sexual contact with staff. In addition, the agency does prohibit inmate participation in sexual activity but makes no mention of whether that activity constitutes sexual abuse if it is determined that the activity is not coerced. Therefore, the Facility does not meet the standard.

Corrective Action Recommended: The Agency needs to revise the Executive Directive to address all aspects of the standard.

Corrective Action Taken: OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited was revised to address all aspects of the standard. The effective date of the revised policy is June 1, 2017. Facility now meets the standard.

#### **Standard 115.81 Medical and mental health screenings; history of sexual abuse**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) Maryland DPSCS Executive Directive, COS.200.0005, states in Section 5Ec, that whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. In an interview, staff who perform screening for risk of victimization said they do refer all inmates who have experienced prior sexual victimization, regardless of where it occurred, for a follow-up meeting with medical or mental health practitioner with 14 days of intake screening. Documentation presented was a spreadsheet showing names and dates of arrival and intake processing of prisoners during the audit period. The spreadsheet included columns for identifying if a listed inmate had ever experienced prior sexual victimization, the date of referral to medical or mental health of those who had, and the date they were seen by a medical or mental health professional. An interview with staff who perform screening for risk of victimization or abusiveness said that if a screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, that inmate who discloses prior sexual victimization is automatically referred to mental health who then has 14 days to follow up with the inmate. That staff also said that he gets a form back from Psychology verifying that they have met with the prisoner and that he refers all prisoners who disclose, whether or not they choose to meet with the Psychologist. In interviews with two prisoners who disclosed prior sexual victimization during intake screening, both prisoners said they they were offered medial and/or mental health care referrals, at the time of intake screening, and that they were seen by health care staff within one week.

- (b) MDPSCS Medical Intake, Chapter 1, section A, II. Procedures, paragraph B (2.b.ii), identifies that all detainees and inmates shall be screened for prior experience of sexual abuse or perpetration of sexual abuse during incarceration or in the community at the time of intake history and physical and appropriate referrals shall be made to the mental health vendor as required by the PREA. The documentation of mental or medical health referrals, the spreadsheet, also contained a column identifying if a prisoner had prior experience as a sexual abuser, and if so, a resultant referral was also made to a mental health professional. Again, the spreadsheet contained information showing the date of the inmate's arrival at the facility, whether each inmate had experience as a victim or as an abuser, the date the referral was made and the date the follow up appointment occurred.
- (c) WCI houses only prisoners under the jurisdiction of the Maryland DPSCS and does not house jail inmates.
- (d) Executive Directive OSPS.050.0030, in Section E8, says that information concerning an alleged complaint of sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating and resolving the alleged misconduct and immediate and continued care of the victim. Executive Directive OSPS.200.0004, also in Section E8, contains the same language.

Interviews with Case Managers, and Record Office staff, revealed that prisoner base files are not kept in the housing unit but are kept in the Record Office. As the Case Manager needs a file to conduct intake processing with a prisoner, they retrieve the file from the Record Office and return it when they are finished with intake processing and risk screening. This helps protect the confidentiality of information and helps ensure that any information related to sexual victimization or abusiveness that occurred in an institutional setting is kept confidential and that access is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State or local law.

- (e) Maryland DPSCS Executive Directives do not address the issue of informed consent but in an interview, a social worker said that they do obtain informed consent from inmates and that they have prisoners sign a form verifying that they understand confidentiality and the absence of absolute confidentiality. In addition, the contracted health care company, Wexford Health Sources Incorporated, provided, as verification, their policy P-314 Procedure in the Event of Sexual Assault. Section II B of that policy says that, "staff medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. In addition, interviews with both medical and mental health staff verified that staff do obtain informed consent from prisoners before reporting any knowledge or suspicion of sexual abuse.

#### **Standard 115.82 Access to emergency medical and mental health services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) OSPS.050.0030, in Section 54, holds supervisors, managers, and shift commanders responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling

services. In addition, OSPS. 200.0004 outlines that the supervisor, manager or shift commander is also responsible to if applicable, arrange for emergency medical services. An interview with the Director of Nursing verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. She also said that once the report is received, the inmate would be seen immediately, within hours. She also verified that the nature and scope of the treatment and crisis intervention services are determined by the professional judgment of the medical and mental health treatment staff. An interview with a mental health case worker verified that mental health also meets with an inmate, within 24 hours of an alleged incident of sexual abuse to offer supportive counseling.

- (b) Executive Directive OSPS.050.330, in Section 5F3, says that while processing a complaint of alleged sexual misconduct, a supervisor, manager, shift commander or head of the unit shall immediately protect the victim from further harm and arrange for emergency medical services. It also requires staff to refer the victim for appropriate medical/mental health follow up services. Maryland DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual, in Chapter 13, Section C, says that, "in the event there is no clinician on duty, the nurse will contact the on call clinician to make a determination regarding the need for offsite transport for forensic evaluation and to notify the local ER of the allegations of sexual assault."
- (c) Contracted health care company, Wexford Health Sources Incorporated, provided, as verification, their policy P-314 Procedure in the Event of Sexual Assault. Section G4 says that, "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases."
- (d) OSPS 200.0004 verifies, in Section 53a, that medical treatment, "if evidentiarily or medically appropriate, the medical services will be provided at no cost to the prisoner. Interviews with Health Care staff also verified that the services would be provided to prisoners at no cost.

#### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Maryland DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual, in Chapter 13, Section I, says, "Detainees/inmates reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the Prison Rape Elimination Act (PREA). An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted." In an interview, the Director of Nursing said, "we deal with all their physical medical needs." A staff psychologist said, "We meet with all victims within 24 hours and offer supportive counseling. If it's something they reported during intake it would be that following a report, an inmate will be brought to medical for an examination to address any immediate medical needs. They would then be referred to us and we would tell them what services are offered and let them decide which ones they want to take advantage of and when."
- (b) Section IIA outlines that following a report of sexual assault, the inmate will be brought to medical for an examination and triage for medical intervention and treatment. The nurse in the examination area may make arrangements for transfer of the patient to a community hospital for a forensic examination, will contact the facility PCM to apprise them of the situation, and make a referral to the mental health vendor for follow up of the patient upon his return to the facility. All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit and all follow-up testing related to sexually transmitted infections, HBV, RPR will be reviewed with the inmate. Any necessary additional testing or treatment will take place within 5 business days. In addition, all of the PREA related post assault follow-up clinical activities for medical and mental health care will be completed whether

or not an off-site visit was indicated, including testing and prophylactic treatment for Sexually Transmitted infections and pregnancy if female. In addition, a mental health professional will see the patient within 24 hours of his return to evaluate for any treatment needs. WCI.050.0030.1 calls for Mental Health, in Section 5I7, to follow up with an alleged victim on the next business day after return from medical/the hospital. It goes on to say the ongoing treatment will be provided as needed and documented in the EPHR.

- (c) When asked if she thought the level of care was consistent with the level of services in the community, the Director of Nursing said, “We’re required to meet the level of services in the community, by law, but I personally believe the level of services are even better in here.” A Social Work Supervisor, when asked the same question, said, “I’m confident the level of services, here at WCI, are consistent with the level of services in the community. My own opinion is that we do, if anything, a better job, because our follow-up can be much better because the inmates are right here.”
- (d) WCI houses only male inmates. However, the Maryland DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual, in Chapter 13, Section II, 7 says that pregnancy tests will be administered to inmate victims of sexually abusive vaginal penetration.
- (e) Section II, 9, of Chapter 13 goes on to say that they will receive timely and comprehensive information about access to all pregnancy related medical services, including abortion, along with a referral to Mental Health, if pregnancy results from the sexual abuse.
- (f) The follow-up care described in section B of this standard says that testing for sexually transmitted infections, HBV and RPR will be reviewed with the inmate and any additional testing or treatment necessary will be done within five business days. Section M goes on to say that follow up testing for sexually transmitted infections will be done within 60 to 90 days of initial testing and will include testing for HIV, HCV, and syphilis.
- (g) Section O identifies that all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- (h) Section K, of Chapter 13, identifies that an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. In an interview, a Case Manager, who performs risk screening for victimization or abusiveness, said that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are automatically referred to Mental Health if they disclose the information. The prisoner is given the option of being evaluated but a referral is made whether the prisoner chooses to participate or not. Psychological staff confirmed that Mental Health does conduct a mental health evaluation of all known inmate-on-inmate abusers and does offer treatment if appropriate. Evaluations take place within 24 hours. If its something the inmate reported during intake it would be referred to Mental Health and they would meet with them as soon as possible, within 14 days, and let them know what services they can provide.

## Standard 115.86 Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive COS.020.00217 says, in Section 5D, that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. It goes on to say that the review team shall consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager.

Executive Directive COS.020.00217 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at

the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment of supplement staffing in these areas. Lastly, the team is required to prepare a report of findings for the managing official and Facility PCM that identifies problem areas, necessary corrective action, and recommendation for improvement. By this Executive Directive, the managing official is charged with implementing the facility incident review team's recommendations for improvement and if a recommendation is not implemented, documenting the reason.

Facility PCM, Stacey Wedlock, indicated on the PAQ, that the facility conducted three Sexual Abuse Incident Reviews, during the Audit Period. Stacey did say that she reviews all PREA cases at the Reduction in Violence monthly meeting where the team discusses causes, prevention, and recommendations such as changes in rounds or whether a prisoner should be single-celled or risk assessments updated. Stacey presented a report from a Reduction in Violence meeting that identified the team members, a description of the incident, the findings of IID, the location where the incident occurred, a review of staffing levels in the area, the need for additional or augmented monitoring technology and any recommended changes to policy or practice.

### **Standard 115.87 Data collection**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive OSPS.020.0027 says that the Department's Internal Investigation Division, IID, is the primary investigative body for all PREA related allegations and is responsible for uniformly collecting and maintaining data regarding PREA related criminal and administrative investigations and for developing the forms to collect such data. Documentation provided included an information sheet entitled Incident-Based Data Collection, that outlines exactly what information is to be collected and reported on. The document identifies detailed information that must be collected regarding victims information, perpetrator information, staff perpetrator information, medical and mental health information, and information from investigations that were conducted.
- (b) Executive Directive OSPS.002.0027, in Section C1, holds the Agency PREA Coordinator responsible for aggregating the incident-based sexual abuse data annually. Agency PREA Coordinator, David Wolinski, said, in an interview, that he receives the data from IID and prepares the report based on that data. He said that he collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. He reviews the data collected with the Warden as well, prior to writing his report. The report is based on the Fiscal Year.
- (c) The Facility provided a copy of their most recent SSV-2 report that demonstrated that the data collected by the Facility is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.
- (d) Executive Directive OSPS.020.0027 also holds the Agency PREA Coordinator responsible for collecting, maintaining and reviewing the data from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Agency PREA Coordinator, David Wolinski, provided a tracking sheet that he uses to keep track of the data. It includes information such as name and number of inmates involved, both the inmate making the allegation and any known perpetrators or suspects, date of the allegation, investigative case number, the outcome of the investigation, date of closure of the case, name of the investigator assigned to the case, date of notification of inmate complainant and the nature of the complaint.
- (e) WCI does not contract for confinement of its inmates.
- (f) Agency PREA Coordinator, David Wolinski, provided a copy of the most recent SSV-2 he submitted to demonstrate that the information is submitted to the Department of Justice timely.

### **Standard 115.88 Data review for corrective action**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the



relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Executive Directive, in Section 5C 1 and 2, requires the Agency PREA Coordinator, or a designee, to aggregate incident-based sexual abuse data annually. The Directive also requires the PREA Coordinator to, "maintain, review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews." Further responsibilities are to ensure that all aggregated sexual abuse data are included in an annual report that identifies problem areas, both statewide and in individual facilities and is used to facilitate corrective action at the Department and correctional facility levels. The Directive also requires the annual report to compare the current year's data, and activities, with that available from previous years, to be approved by the Secretary, and to be published on the Department's website with information that would present a clear and specific threat to the safety and security of a facility redacted.

Agency PREA Coordinator David Wolinski, said, in an interview, "raw data is collected, on all cases, by IID, every year, and forwarded to me. We wait into the next year so that cases are mostly closed. I look at data and compare to previous years' data, looking for patterns or for anything unusual or noteworthy. Then I write the annual report for the Secretary's review and signature. When the Secretary signs it, it gets published on the web site." Mr. Wolinski also said that he doesn't typically include personal identifiers, or information that needs to be redacted because he feels that makes readers feel like the Department may be trying to hide something. A review of the website demonstrated that the information is publicly available.

#### **Standard 115.89 Data storage, publication, and destruction**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- (a) Executive Directive OSPS.020.0027, in Section C4, requires the Agency PREA Coordinator, or a designee, to securely maintain incident-based data and aggregate data ensuring only authorized personnel have access to the information.
- (b) Executive Directive COS.020.0027, in Section C3F, requires that the information be made available to the public through the Department's public website that redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information and related to personal identifiers. The Directive also requires that the sexual abuse data be maintained for 10 years from the date of the initial collection.

In an interview, Agency PREA Coordinator, David Wolinski, said that he writes the report that is published on the Department website. Said Mr. Wolinski, "I do not include any personal identifiers in the report so I do not have to redact anything. I think it hurts more than it helps to include information that has to be redacted because readers think you are trying to hide something." The information is currently published on the Department's public website.

#### **AUDITOR CERTIFICATION**

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Yvonne Gorton

Auditor Signature

August 25, 2017

Date